

## SALVAGE VEHICLE NOTICE OF RETENTION BY OWNER

VEHICLE IDENTIFICATION NUMBER	MOTORCYCLE ENGINE NUMBER	MAKE	CALIFORNIA LICENSE PLATE
<b>Vehicle Owner(s) on Date of Loss</b>	<div style="display: flex; justify-content: space-between;"> <span>LAST NAME</span> <span>FIRST</span> <span>MIDDLE</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> AND</span> <span>LAST NAME</span> <span>FIRST</span> <span>MIDDLE</span> </div>		
	<input type="checkbox"/> OR		
	ADDRESS		
	<div style="display: flex; justify-content: space-between;"> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> </div>		
<b>Insurance Company Reporting Retention of this Salvage Vehicle</b>	I, the undersigned, certify that the above described salvage vehicle has been retained by the owner(s) and, as required by California Vehicle Code §11515(b), he/she has been notified that, within 10 days of the settlement of loss date, he/she must surrender the vehicle's Certificate of Title and license plates, and apply for a Salvage Certificate. The vehicle owner(s) has also been notified that the Department of Motor Vehicles' database record for the vehicle will reflect a "Salvaged" notation (brand).		
	DATE	AUTHORIZED SIGNATURE FOR INSURANCE COMPANY	PRINTED NAME
		<b>X</b>	
	INSURANCE COMPANY NAME		
	INSURANCE COMPANY ADDRESS		
	DATE OF LOSS	CLAIM NUMBER	DAYTIME TELEPHONE NUMBER (     )

**MAIL COMPLETED FORM TO:** Department of Motor Vehicles, P.O. Box 932345, Sacramento, CA 94232-3450

REG 481 (REV. 8/2003) **INSURANCE**

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